

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	CM CM	71632 71632	10/28/99 2-4-00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	10/27/99
2	✓	✓	10/27/99
3	✓	✓	10/27/99
4	✓	✓	10/27/99
5	✓	✓	10/27/99
6	✓	✓	10/27/99
7	✓	✓	10/27/99
8	✓	✓	10/27/99
9	✓	✓	10/27/99
10	✓	✓	10/27/99
11	✓	✓	10/27/99
12	✓	✓	10/27/99
13	✓	✓	10/27/99
14	✓	✓	10/27/99
15	✓	✓	10/27/99
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45	✓	✓	10/27/99
46	✓	✓	10/27/99
47	✓	✓	10/27/99
48	✓	✓	10/27/99
49	✓	✓	10/27/99
50	✓	✓	10/27/99

Claim	Final	Original	Date
51	✓	✓	10/27/99
52	✓	✓	10/27/99
53	✓	✓	10/27/99
54	✓	✓	10/27/99
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here